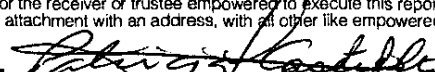


FILED
Apr 05, 2004 8:00 am
Secretary of State

94043595

DOCUMENT # P03000149237						Secretary of State 04-05-2004 90061 006 ***150.00					
1. Entity Name FIVE C.L. CORPORATION											
Principal Place of Business 2875 SW 30TH AVE UNIT B PEMBROKE PARK, FL 33009				Mailing Address 2875 SW 30TH AVE UNIT B PEMBROKE PARK, FL 33009							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.							
City & State				City & State				4. FEI Number 20-0522471			
Zip		Country		Zip		Country		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
CASTILLO, MARIA C 2875 SW 30TH AVE UNIT B PEMBROKE PARK, FL 33009						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City				FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD CASTILLO, MARCELA P 2875 SW 30TH AVE UNIT B PEMBROKE PARK, FL 33009 ☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VS CASTILLO, MARIA C 2875 SW 30TH AVE UNIT B PEMBROKE PARK, FL 33009 ☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: 						MARCELA P. CASTILLO PRESIDENT 3/30/04 (305)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date _____ Daytime Phone # _____					